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CONFIRMATION NO. 3166

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
|--|---|--|---------------------------------|--|--------------|--------------------|
| 10/749,102 | 12/30/2003 | 417 | 3626 | EIS-5909A (1417G P 858) | | |
| APPLICANTS Thomas L. C. Simpson, Burlington, WI; Laura M. Letellier, Buffalo Grove, IL; James P. Martucci, Libertyville, IL; Gordon J. Wilkes, Newmarket, CANADA; | | | | | | |
| ** CONTINUING DATA ***** This appin claims benefit of 60/444,350 02/01/2003 and claims benefit of 60/488,273 07/18/2003 and claims benefit of 60/528,106 12/08/2003 | | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/11/2004 | | | | | | |
| Foreign Priority claimed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | WI | 58 | 58 | 3 |
| Verified and | KRISTINE K RAPILLO/ Examiner's signature | Initials | | | | |
| ADDRESS BAXTER HEALTHCARE CORPORATION 1 BAXTER PARKWAY DF2-2E DEERFIELD, IL 60015 UNITED STATES | | | | | | |
| TITLE System and method for notification and escalation of medical data | | | | | | |
| FILING FEE RECEIVED 1584 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees | | |
| | | | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
| | | | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | |
| | | | | <input type="checkbox"/> 1.18 Fees (Issue) | | |
| | | | | <input type="checkbox"/> Other _____ | | |
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